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CONFIRMATION NO. 5152

SERIAL NUMBER 10/762,664	FILING DATE 01/22/2004 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 282.033
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APPLICANTS

David J. Beebe, Monona, WI;

Michael J. MacDonald, Madison, WI;

David T. Eddington, Madison, WI; Glennys A. Mensing, Madison, WI;

** CONTINUING DATA *****

This application is a CON of 10/640,345 08/13/2003 ABN

Yes AG 5/10/06

** FOREIGN APPLICATIONS *****

NONE AG 5/10/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>5/10/06</i> Verified and Acknowledged <i>5/10/06</i> Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

Peter C. Stomma
 BOYLE, FREDRICKSON, NEWHOLM, STEIN & GRATZ S.C.
 Suite 1030
 250 E. Wisconsin Avenue
 Milwaukee, WI
 53202

TITLE

Microfluidic device for drug delivery

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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